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1675 W. Garden of the Gods Road Suite 2044 Colorado Springs, CO 80907 (719) 578-3199 phone (719) 578-3188 fax www.elpasocountyhealth.org

Request For On-Site Wastewater Treatment System (OWTS) Verification Form

Please send completed request form to HEAsepticinfo@elpasoco.com

Date of Request: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Email: \_\_\_\_\_

Property Information:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Existing Number of Bedrooms: \_\_\_\_\_

Request for Review:

- Connection of NEW home to existing OWTS
Sufficiency of existing OWTS for Increased Capacity:
- Planned addition is located within: Existing Structure Separate Structure
o Current No. Bedrooms:
o Additional No. Bedrooms:

Please provide your intended plan in a written request:

Four horizontal lines for writing the intended plan.

I understand that as a result of this request, using existing information on file, the sufficiency of the system may not conform to current regulations. In the case where the system is determined to not meet minimum regulations, further information including a modification permit maybe needed for approved use at an increased capacity.

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